



## CITY OF CHANDLER - SPECIAL EVENT APPLICATION

<b>Applicant Information</b>	Name of Organization/Company			Date of Request	
	Address		City	State	Zip
	Event Representative				
	Daytime Phone	Fax #		E-mail Address	

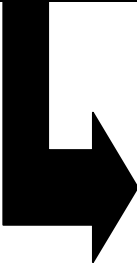
<b>Event Information</b>	Name of Event		Event Date(s)	
	Hours of Event	Set-up Time	Take Down Time	
	Location of Event		Is Location Reserved?	
	Anticipated Attendance		Admission Fees	
	Years event has been in existence?	Previous Location(s)?	Past Attendance	
	Event Description:			

<b>Insurance Information</b>	Name of Insurance Certificate Holder:																						
	<p><b>Certificate of insurance must state the following: “The City of Chandler, its agents, representatives, officers, directors, officials, and employees are additional insureds. Certificate contains severability of interest and waiver of subrogation.” The City should also be listed as a Certificate Holder so that we receive notice if a policy is canceled. APPLICATION WILL NOT BE APPROVED IF THE LANGUAGE ABOVE IS NOT ON YOUR CERTIFICATE OF INSURANCE.</b></p>																						
	<p><b>INSURANCE COVERAGE LIMITS</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coverage</th> <th style="text-align: left;">Basis</th> <th style="text-align: left;">Type A</th> <th style="text-align: left;">Type B</th> <th style="text-align: left;">Type C</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><b>Commercial General Liability (CGL) (Additional Insured)</b></td> <td>Occurrence</td> <td>\$1,000,000</td> <td>\$750,000</td> <td>\$500,000</td> </tr> <tr> <td>Aggregate</td> <td>\$2,000,000</td> <td>\$1,500,000</td> <td>\$1,000,000</td> </tr> <tr> <td><b>Automobile Liability (AL) (Additional Insured)</b></td> <td>Occurrence</td> <td>\$1,000,000</td> <td>\$1,000,000</td> <td>\$500,000</td> </tr> </tbody> </table>					Coverage	Basis	Type A	Type B	Type C	<b>Commercial General Liability (CGL) (Additional Insured)</b>	Occurrence	\$1,000,000	\$750,000	\$500,000	Aggregate	\$2,000,000	\$1,500,000	\$1,000,000	<b>Automobile Liability (AL) (Additional Insured)</b>	Occurrence	\$1,000,000	\$1,000,000
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Reference attached Administrative Regulation 10-6, Attachments A – D to find out which type of coverage is needed.

<b>City Services</b>	<b>POLICE</b>	# of Officers	Date(s) Required	Hours Needed (i.e. 8 a.m. – 5 p.m.)
		Final number of Police Officers determined by Police Department upon approval of all necessary permits. There is a \$39.00 per hour charge for each officer with a minimum of three hours.		
	<b>FIRE/ MEDICAL</b>	<input type="checkbox"/> On Call <input type="checkbox"/> On Site		
		Contact Chandler Fire Administration for questions or costs associated with on-site coverage at (480) 782-2120.		
	<b>CITY FACILITIES</b>	Location	If using a park, do you need restrooms open? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>ELECTRICAL REQUIREMENTS</b>	Please list all electrical requirements including the type of electricity (i.e. 110V), amperage needed, the number of outlets and the type of equipment needing the electricity (i.e. sound system, popcorn machine, etc.):		
		Dates needed	Hours per day needed	
	<b>WATER REQUIREMENTS</b>	Please list all items that require potable and non-potable water & the amount of water required:		
		Dates needed	Hours per day needed	
	<b>TRASH</b>	# of 90 gallon rolling cans needed (\$5.00 charge per can):	Who will be responsible for trash pick-up during the event?	
	<b>CITY EQUIPMENT</b>	<input type="checkbox"/> Showmobile <input type="checkbox"/> Portable Stage <input type="checkbox"/> Bleachers		
		Please contact Kristen Oaklief at (480) 782-2723 to reserve equipment and to receive a fee schedule.		
	<b>SIGNS/BANNERS</b>	Please list any requests for use of city signs and/or locations of signs:		
	<b>OTHER</b>	Please list any other requests for City services (be specific):		

<b>Vendor Information</b>	Number of Food Vendors	Vendor list provided to the City	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Food vendors have all permits/licenses with the Maricopa County Environmental Health Department		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number of Other Vendors	Vendor list provided to the City	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will there be alcohol at the event?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you completed the City application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you completed the State application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you checked yes to any of the questions above, you must contact the City of Chandler Licensing, Tax &amp; Utility Services office at (480) 782-2291 for more information on permits and licensing.</b>				

<b>Street Closures</b>	<b>CITY STREETS</b>	Does the event propose closure or use of any City street(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in information below			
		Street Name	From/To	Date(s)	Time(s)
	<b>CITY SIDEWALKS</b>	Does the event propose closure or use of any City sidewalk(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in information below			
		Sidewalk Location	From/To	Date(s)	Time(s)
	<b>CITY ALLEYS</b>	Does the event propose closure or use of any City alley(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in information below			
		Alley Location	From/To	Date(s)	Time(s)
	<b>PUBLIC PARKING LOT</b>	Does the event propose closure or use of any City parking lot(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in information below			
		Parking Lot Location	From/To	Date(s)	Time(s)
	<b>CITY RIGHT-OF-WAY</b>	Does the event propose closure or use of any City right of way(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in information below			
		Right-of-way Location	From/To	Date(s)	Time(s)
	<b>PARADE ROUTE</b>	Does the event propose use of a parade route? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in information below			
		Parade Route	From/To	Date(s)	Time(s)
		Name of Barricade Company _____			
		If you checked yes to any of the above, a site plan showing all of the above requests must be provided and a street closure permit may be needed. Please call (480) 782-3453 for more information.			

<b>Additional Event Features</b>  (Applicants must check all that apply)	<input type="checkbox"/> Temporary Fencing <input type="checkbox"/> Inflatables <input type="checkbox"/> Signs/Banners
	<input type="checkbox"/> Port-A-Johns <input type="checkbox"/> Electrical Services/Generators <input type="checkbox"/> Carnival/Amusement Rides
<input type="checkbox"/> Tents or Canopies <input type="checkbox"/> Open Flames	
<input type="checkbox"/> Fireworks              Company: _____	
<input type="checkbox"/> Amplified Music              Time(s): _____	

The Contractor agrees to indemnify, defend, and save harmless the City of Chandler, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively; from all losses, claims, suits, actions, payments and judgements, demands, expenses, attorney's fees, defense cost, or actions of any kind and nature resulting from personal injury to any person, including employees of the Contractor or of any subcontractor employed by the Contractor (including bodily injury and death) or damages to any property arising or alleged to have arisen out of the negligent performance of the Contractor for the work to be performed hereunder, except any such injury or damages arising out of the sole negligence of the City, its officers, agents or employees. IT IS THE INTENTION OF THE PARTIES to this contract that the City of Chandler, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively, are to be indemnified against their own negligence unless and except their negligence is found to be the sole cause of the injury to persons or damages to property. The amount and type of insurance coverage requirements set fourth in the contract will in no way be construed as limiting the scope of indemnity in this paragraph.

\_\_\_\_\_  
Signature of Authorized Agent or Applicant

\_\_\_\_\_  
Date

**Comprehensive site plans must accompany this application and both are to be submitted to:**

**Tyrone Allen**  
**Community Services Department**  
**Mail Stop 501**  
**P.O. Box 4008**  
**Chandler, AZ 85244**  
**Phone: (480) 782-2665**  
**Fax: (480) 782-2713**  
**E-mail: [tyrone.allen@ci.chandler.az.us](mailto:tyrone.allen@ci.chandler.az.us)**

Internal Use only

Permit # \_\_\_\_\_

Date Received: \_\_\_\_\_ Presentation Date \_\_\_\_\_ Approved ☐ Yes ☐ No



**Chandler ♦ Arizona**  
*Where Values Make The Difference*